

Loan of Nebulisers and Compressors to Patients

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Responsible Director:	Medical Director
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Related Policies and Guidelines	713 – Medical Equipment Policy 701 – Discharge Policy
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Amendment History

Issue	Status	Date	Reason for Change	Authorised
1.0	Final	Jan 2017	New Policy	Dr Tim Craft and Medical Equipment Committee

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1. Policy Summary

This Policy applies to all clinical staff of the Royal United Hospital. The purpose of this policy is to provide guidance for staff within the Royal United Hospital, Bath NHS Foundation Trust about the requirements and processes for issuing a nebuliser or compressor for patients with respiratory problems to use at home.

Nebulisers should only be issued to appropriate patients after optimisation of inhaler use. Advice can be sought from the Respiratory Team or for Bath & North East Somerset (B&NES) Chronic Obstructive Pulmonary Disease (COPD) patients from the Improving Access to COPD Therapies (IMPACT) Team.

Consideration should be given to a patient's need for nebuliser use at home prior to discharge. Most patients can be changed back to inhalers early in their admission.

Nebuliser treatment involves using a nebuliser kit and compressor with prescribed medication.

2. Policy Statements

The purpose of this policy is to ensure that the Trust meets the standards as laid down in the British Thoracic Society document 'Current best practice for Nebuliser Treatment' (Thorax April 1997) and European Respiratory Society 'Guidelines on the use of Nebulisers' (European Respiratory journal 2001).

2.1. Instruction

The aim of this policy is to ensure that:

- Patients and/or carers have been trained and assessed as competent in nebuliser use.
- Written instructions are given and are understood.
- Nebulisers are only issued by Registered Nurses.
- Signed documentation is filed in the patients notes.

2.2. Selection of Patient

- Issue of nebulisers may not solve problems of poor inhaler technique or frequent admissions.
- Requests for nebulisers should come from medical staff after inhalers have been optimised.

2.3. Specialist Equipment and Medication

- Standardised equipment is available for bronchodilators.
- All other nebulised medication requires specialist equipment and advice should be sought from the ward pharmacist or respiratory nurse specialists.

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3. Definition of Terms Used

3.1. What is a Nebuliser

A nebuliser is a device that can convert a liquid into aerosol droplets suitable for patient inhalation (European Respiratory Journal 2001). This can be a facemask or mouthpiece kit.

3.2. What is a Compressor

The compressor is the unit which drives the nebuliser with a supply of air. There are a variety of different designs and makes in use throughout the Trust.

4. Duties and Responsibilities

All staff have a responsibility for ensuring that the principles outlined within this document are universally applied. This policy applies to all members of staff who are involved in any aspect of the development and use of procedure development.

Key organisational duties are identified as follows:

4.1. Medical Staff and non-medical Independent Prescribers

- Should change patients back to inhalers wherever possible if nebulisers were not used at home prior to admission.
- Identify appropriate patients and refer to ward nursing staff for training
- Prescribe medication for discharge and request the GP continues this as necessary.
- Include plan for duration of treatment and review in discharge summary.

4.2. Nursing Staff

- After 48 hours discuss with medical staff whether the patient's condition can be managed effectively using inhaler therapy.
- If home nebuliser therapy is clinically indicated, provide education and demonstration of all equipment and medication for patients/carers. Assess patient/carer competence using RUH Nebuliser Issue Record (appendix 2).
- Document issue of nebuliser/compressor in medical notes.

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4.3. Respiratory Nurse Specialists

- Select machines for hospital nebuliser compressor service.
- Maintain a database of patients using nebulisers.
- Ensure nebulisers compressors are serviced annually.
- Discuss issue of new nebuliser.
- Selection of nebuliser equipment consumables.

4.4. IMPACT Team

- Provide the nebuliser service for BANES COPD patients.
- Liaison with Respiratory Nurse Specialist.

4.5. Medical Equipment and Maintenance Service (MEMS)

- MEMS will service and maintain the compressors with an adequate turnaround time to ensure that the respiratory loan stock is not compromised.

5. Standards/Key Performance Indicators

All patients who are loaned a home nebuliser will be supplied with written information by the nurse issuing the equipment.

The Registered Nurse issuing the nebuliser will file a copy of the RUH Nebuliser Issue Record (Appendix 1) in the medical records.

6. Prescription of Nebulised Medication

6.1. Registered Prescriber Responsibility

A registered prescriber will ensure a supply of a minimum of two weeks of appropriate nebulised medication is given to the patient.

6.2. Discharge Plan

The discharge summary will include details of the planned duration of nebulised medication, frequency of use and arrangements for further supplies.

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7. Servicing and Maintenance

7.1. Arranging Servicing and Safety Check

The Trust remains liable for the safe function of medical equipment when it is in patient homes, and so it is important that patients or carers are instructed on when and how to arrange for it to receive required maintenance checks. This is done and recorded using the forms in Appendices 1 and 2.

All compressors will be serviced annually. A label on the machine states the date that service is due.

A replacement machine will be given by the Respiratory OPD if appropriate or required.

7.2. Cleaning

When in regular use the machine should be cleaned weekly by the patient or carer with a damp (not wet) cloth and allowed to dry.

7.3. Equipment Malfunction

If the machine is taking longer to nebulise the drug, the nebuliser kit should be cleaned by the patient and if this does not help it should be replaced by the issuing professional.

If nebulisation continues to take longer or the machine becomes noisy or overheats or has been damaged in some way; it should be returned to the Respiratory Department to allow servicing/repair as described above.

8. Monitoring Compliance

- All documentation must be filed in the patient's medical records by the nurse issuing the nebuliser. Ward Managers should monitor this is being done at ward level.
- Respiratory Nurse Specialists will review the nebuliser equipment available every two years, looking at cost and appropriateness of compressors used.
- Every two years a snapshot audit of medical records for patients issued with home nebulisers during a one month period. This will be undertaken by respiratory outpatients using their database. Results will be emailed to ward managers.

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9. Review

This policy will be subject to a planned review every three years as part of the Trust's Policy Review Process. It is recognised however that there may be updates required in the interim arising from amendments or release of new regulations, Codes of Practice or statutory provisions or guidance from the Department of Health or professional bodies. These updates will be made as soon as practicable to reflect and inform the Trust's revised policy and practise.

10. Training

Managers are responsible for ensuring all their staff receives the type of initial and refresher training that is commensurate with their role(s).

Staff must refer to the Mandatory Training Profiles, available on the intranet, to identify what training in relation to Nebulisers and Compressors is relevant for their role and the required frequency of update. Further information is available on the statutory and mandatory training web pages about each subject and the available training opportunities.

The Mandatory Training Policy identifies how training non-attendance will be followed up and managed and is available on the intranet.

Training statistics for mandatory training subjects are collated by the Learning & Development team, and are reported to the Strategic Workforce Committee. Staff must keep a record of all training in their portfolio.

All staff and managers can access their mandatory training compliance records via the Trust's mandatory reporting tool (STAR) available on the intranet.

11. References

1. British Thoracic Society guidelines on current best practice for nebuliser treatment. Thorax April 1997, vol.52, issue supplement 2
2. European Respiratory Society Guidelines on the use of nebulizers. European Respiratory Journal 2001 18:228-242,DOI

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Appendix 1: RUH Nebuliser Issue Record

RUH Nebuliser Issue Record

This record must be completed and stored in patient's notes

Patient Name:

Date of Birth:

Hospital Number:

Date:

For new patients prescribed nebulised medication for the first time

Name of consultant/ registrar requesting nebuliser:

For all patients please sign each box (to be recorded by registered health professional)

Education on:	Signed	Comments
Drugs, dose and frequency given		
How to arrange supplies of medication		
How to arrange supplies of nebuliser kits		
How to clean		
What to do if equipment fails or breaks down		
How to check when servicing is due		
How to arrange servicing		
RUH Nebuliser patient information sheet completed and given		
Patient/carer understanding checked and assessed as competent (If not patient please record details of carer)		
Patient signature		

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Appendix 2: Important Information about the Nebuliser

The compressor is the portable pump which provides power for your nebuliser. The nebuliser is the small chamber into which the liquid medicine is put and through which the air is blown to make a mist.

The medicine that is required will be explained to you and your GP will provide it on a long term basis.

Your treatment:	Drug	Dose	When to take
.....
.....

For each treatment use your nebuliser for up tominutes. (Usually ten minutes)

Do not fill the nebuliser chamber with the drug until you are ready to use it.

Most people use theirs on a fairly regular basis. If you are an asthmatic and use it only for acute episodes of asthma, then you will be provided with a peak flow meter and instructions on what to do and who to contact, should the need arise.

IF YOUR NEBULISER FAILS TO GIVE THE USUAL RELIEF OR THE EFFECT IS SHORTER THAN NORMAL, THIS IS A WARNING SIGN. YOU SHOULD SEEK URGENT MEDICAL ADVICE.

CLEANING

Wash the mouthpiece/mask and nebuliser (drug chamber) in warm water with a little detergent, rinse thoroughly and dry well ideally after every use, and once a day as a minimum. Attach the tube and run the nebuliser empty for a few moments after cleaning it. **If your equipment is dirty or moist, you can pick up a chest infection from it.** Once a week disconnect the electricity and wipe the compressor and tubing with a damp cloth.

SUPPLIES

Disposables (masks, mouthpieces, nebulisers, filters, tubing) can be obtained from the Respiratory Nurse Specialists

SERVICING

The compressor must be serviced once a year. This can be arranged by ringing (01225)825669. Your compressor cannot be accepted for servicing unless it is in a **clean** state.

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NEBULISER PROBLEMS

If your nebuliser takes much longer than normal to run, or it bubbles with no mist, repeat the cleaning process. If this still does not work, replace it.

COMPRESSOR BREAKDOWN

If your compressor breaks down, you should use your hand-held inhaler until you are able to get help. In case of breakdown:

Contact: Respiratory Outpatients Department

Tel No: (1225) 825669 Monday – Friday 9.00-5.00

Emergency Number for breakdowns: Out of hours – Respiratory Unit (01225) 824805

IMPORTANT POINTS:

- Nebulisers should only be used on a doctor's recommendation.
- If you have been prescribed regular preventative treatment, this is still needed even if you have a nebuliser.
- Filters on the compressor should be changed when discoloured or damp
- Disposable parts should be changed every three months, or 6-12monthly if the long-lasting type is used.
- For those patients using a Pari LC Plus nebuliser kit with filter holder will need to change the filter pads daily.
- Replacement filter pads are obtained via the Respiratory OPD.
- Side effects- ask the clinic what to expect.
- Holidays – ask the clinic about portable compressors.

MORE DETAILED ADVICE IS AVAILABLE IF YOU WISH – PLEASE ASK WHOEVER GAVE YOU THE NEBULISER

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Document Control Information

Ratification Assurance Statement

Dear Dr Craft

Please review the following information to support the ratification of the below named document.

Name of document: Loan of Nebulisers and Compression to Patients

Name of author: Mark Grover and Judith Rollason

Job Title: Senior Respiratory Nurse Specialists

I, the above named author confirm that:

- The Policy presented for ratification meets all legislative, best practice and other guidance issued and known to me at the time of development of the Policy;
- I am not aware of any omissions to the Policy, and I will bring to the attention of the Executive Director any information which may affect the validity of the Policy presented as soon as this becomes known;
- The Policy meets the requirements as outlined in the document entitled Trust-wide Policy for the Development and Management of Policies (v4.0);
- The Policy meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable;
- I have undertaken appropriate and thorough consultation on this Policy and I have documented the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the Policy following consultation;
- I will send the Policy and signed ratification checklist to the Policy Coordinator for publication at my earliest opportunity following ratification;
- I will keep this Policy under review and ensure that it is reviewed prior to the review date.

Signature of Author: _____ **Date:** 16 January 2017

Name of Person Ratifying this policy: Dr Tim Craft

Job Title: Medical Director

Signature: _____ **Date:** 16 January 2017

To the person approving this policy:

Please ensure this page has been completed correctly, then print, sign and **post this page only** to: The Policy Coordinator, Apley House, (E5), Royal United Hospital
The **whole policy** must be sent electronically to: ruh-tr.policies@nhs.net

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Consultation Schedule

Name and Title of Individual	Date Consulted
David Hyde - Head of Clinical Engineering	12 January 2016
Dr V Masani on behalf of Respiratory Consultants	April 2016
Sister Susie Slade - Ward Manager Respiratory Unit	26 July 2016
Anne Plaskitt - Senior Nurse Quality Improvement	26 July 2016
Ross Anesbury MEMS	26 July 2016
2 Patients	

The following people have submitted responses to the consultation process:

Name and Title of Individual	Date Responded

Name of Committee/s (if applicable)	Date of Committee
Medical Equipment Committee	W/C 09 Jan 2017

Equality Impact: (A) Assessment Screening

1. Title of document/service for assessment		Loan of Nebulisers and Compressors to Patients
2. Date of assessment		January 2017
3. Date for review		16 January 2020
4. Directorate/Service		Medical Director
5. Approval Committee		Medical Equipment Committee
6. Does the document/service affect one group less or more favourably than another on the basis of:		
Protected characteristic:	Yes/No	Rationale
• Age	No	
• Disability	No	
• Gender reassignment	No	
• Pregnancy and maternity	No	
• Race	No	
• Religion and belief	No	
• Sex	No	
• Sexual orientation	No	
• Marriage and civil partnership	No	
7. If you have identified potential discrimination, are the exceptions valid, legal and/or justified?		
8. If the answers to the above question is 'no' then adjust the element of the document / service to remove the disadvantage identified.		
9. If neither of the above is possible, take no further action until you have contacted your EIA Divisional / Directorate link for review and support		
Signature of person completing the Equality Impact Assessment		
Name	Judith Rollason – Senior Respiratory Nurse Specialist	
Time		
Date	January 2017	

Chair of decision making Board / Group / Committee approval and sign off	
Name	Dr Tim Craft – Medical Director
Time	
Date	16 January 2017

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